MEETING MINUTES

FOR THE

GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH

THURSDAY, DECEMBER 10, 2015

Members present: Richard LeClerc (Chair), Richard Antonelli, George O'Toole, Anne Mulready, Brian Sullivan, and Sarah Dinklage

Appointed members present: David Spencer (CEO of Substance Abuse and Mental Health Leadership Council of Rhode Island)

Ex-officio members present: Ruth Anne Dougherty (DCYF); Colleen Polselli (DOH); Sharon Kernan (EOHHS); Judy Fox, Corinna Roy, Dan Fitzgerald, Linda Barovier (BHDDH), Ruth Anne Dougherty (DCYF); Denise Achin, Alice Woods (RIDE); Lou Cerbo (DOC)

Guests: Ruth Feder (MHA.RI), Susan Jacobsen (Thundermist), Anja Lee, Julia Steiny (MHARI), Jessica Mowry (OHHS), Wayne Miller (Providence Journal), Lisa Tomasso (TPC), Dana Parker (NAMI-RI), Shannon Spurlock (N.E.PRC), Lisa Conlan (PSN).

Staff: Jim Dealy

Review of minutes (Rich Leclerc): Motion was made and seconded to approve the Minutes as presented. A Motion was made for acceptance and passed. The 2016 Meeting Schedule for the Governor's Council was distributed to all present.

Prevention Advisory Committee (Sarah Dinklage): The Prevention Advisory Committee to the Council represents a cross-section of prevention across state agencies, including representatives from BHDDH, Department of Health, Substance Abuse Coalitions, Student Assistance, Researchers from Brown University and URI, Tobacco Free Rhode Island and the Rhode Island Prevention Resource Center and is seeking broad membership. Anyone who knows of anyone from a state department or provider network who is interested in serving on the Prevention Advisory Council should please provide that name to Sandra DelSesto, Shannon, or Sarah. The meeting usually starts with updates from BHDDH. Elizabeth Kretchman provided some important updates at this month's meeting. BHDDH has partnered with the Department of Health on the Overdose Prevention Strategy Work Group for Rhode Island. BHDDH is also close to distributing the Rhode Island Student Survey, which will be administered to an estimated 40,000 students in the 59 schools that participate in the Marihuana Initiative. BHDDH has also just sent out a Request for Information regarding the re-design of the prevention delivery systems. Community feedback is most welcomed.

The group explored potential legislative initiatives:

David and Sandra are in the process of putting together an op-ed regarding the state prevention funding taken out of the system by the Legislature over the last eight years. Rhode Island has lost upwards of $10,000,000 in just state funding, and is the only New England state that has no state prevention dollars. This has resulted in the prevention infrastructure in Rhode Island being almost completely funded through the Block Grant. As a result, Block Grant funds are not available to develop treatment, prevention and recovery programs and the state match required for the Block Grant is jeopardized. Members proposed to send a letter to the Governor asking her to reinstate the prevention funding taken out of the state budget in 2014

The second legislative initiative is to revise the marihuana decriminalization bill, to return youthful offenders under the age of sixteen to Family Court jurisdiction rather than the Traffic Tribunal. Unlike the Traffic Tribunal, Family Court has the resources available to assist with prevention, education and treatment. Some at the Council meeting cautioned that Family Court can be difficult to navigate without an attorney and may not always provide good access to services.

Finally, the Committee is in support of an increase to the Alcohol Tax and of an initiative to raise the legal age for purchase of tobacco to 21.

The Committee would welcome additional suggestions as to legislative initiatives.

Transitional Youth Advisory Committee (Anne Mulready): This Committee's current focus is on the Healthy Transition's Fiscal Plan which is due soon to SAMHSA. The Fiscal Plan is actually a comprehensive development plan for the five years of the grant. The Committee is also updating the Council's Transitioning Youth plan that was done in 2012. At this month's meeting, it focused on mapping the housing needs of youth/young adults. That assessment will continue into next month's meeting, and all are invited to attend to assist us in identifying gaps and solutions. The Committee really feels the lack of the Youth Coordinator. In the grant proposal, this position, to be administered by DCYF, was created to insure full participation by youth/young adults in the project. However, DCYF has not yet hired anyone for the position, which has hampered youth participation in the project's development and put the state out of compliance with its agreement with SAMHSA. David Spencer proposed a Motion that a letter be sent to DCYF as to the urgency of this issue.

Block Grant planning update (Michelle Brophy): The joint BHDDH/DCYF/Governor's Council Block Grant planning meetings are held the first Thursday of the month at 9:00 AM in Barry 126. Their objective is to develop a 2017-18 Block Grant plan that makes the best use of Block Grant funds by understanding the state's behavioral health needs and the adequacy of the services we now have and prioritizing future uses of the grants. This will also serve as the guide

for allocating other funds, such as SAMHSA discretionary grants. In January, SAMSA will begin to announce the various discretionary opportunities, and we are hopeful that this planning process will allow us to decide which behavioral health grants will be helpful to the state. Grants are difficult to implement given the barriers presented by Rhode Island's purchasing and personnel procedures, so we need a way to prioritize grant opportunities based on their relevance to the state's overall goals. The planning team's is taking a population-based approach to its planning, which means looking at the total needs of particular populations, rather than starting from the viewpoint of existing agency programs in isolation from each other. The first focus is on youth/young adults aged 12-25, building on work already being done by the Council and Healthy Transitions. We will be creating a needs statement, profiling the services and set some measurable goals and objectives. This will include a survey of all the behavioral health services in the state and the funding that supports them. The team will look not only at funding but also at the policy changes that will need to be made moving forward.

Michelle clarified the "Maintenance of Effort" issue that are raised by state funding cutbacks. Federal law requires states to maintain a certain level of their own funding to continue to qualify for federal grant funds. It requires this so that states do not supplant their own investments in services with federal funds. Rhode Island is currently not meeting the MOE for the Block Grant, and is required to apply for a waiver demonstrating that, although it is spending less state money than in the past, it is delivering the same level of services and/or is in a state of extreme financial hardship. If RI is not granted the waiver, then we may lose Federal grant money, which will compounding the cutbacks in state funds.

Truven Report Discussion (Corinna Roy, Rich Leclerc): This was a follow up to last month's presentation of the Truven Report.

Key findings and recommendations from the analyses:

Recommendation 1. Children in Rhode Island face greater economic, social, and familial risks for developing mental health and substance use disorders than children in other New England states and the nation. These greater risks necessitate that Rhode Island place greater emphasis on investments in proven, effective, preventive services and supports for children and families.

Recommendation 2: Rhode Island should shift financing and provision of services away from high-cost, intensive, and reactive services toward evidence-based services that facilitate patient-centered, community-based, recovery-oriented, coordinated care.

Recommendation 3: Rhode Island should enhance its state and local infrastructure to promote a population-based approach to behavioral healthcare. Specifically, Rhode Island should: (1) routinely generate and disseminate behavioral healthcare need, supply, use and spending

information across funding and organizational silos; (3) develop planning processes that involve and incentivize disparate organizational, financing, and delivery systems; and (3) create accountability measures that are tied to population-level outcomes.

It is important for people to begin advocating now for the funding/solutions required, rather than later.

One of the important quotes that came out of the Truven study is: "Increasing investment in these types of community-based services, and integrating them more fully into other insurance programs such as Medicaid, Medicare, and private insurance, can move Rhode Island to a more cost-effective behavioral healthcare system."

The question was raised as to how BHDDH is responding to the Truven Report. The response to this question would have to come from the Director; however, efforts to respond to the recommendations set forth in the Report are being addressed in the Block Grant. BHDDH's Behavioral Health Division doesn't have state dollars and is limited the funds provided by SAMHSA grants. While fifteen years ago BHDDH's behavioral health system was ranked as a national leader in behavioral health services, it is now ranked as 48th in the Nation.

Behavioral health services are undergoing fundamental changes in the process of redesigning Medicaid. Susan Jacobsen said that the Medicaid "reinvention" needs to be seen in the context of the drastic reductions in state spending for behavioral health over the eight years. State spending for behavioral health has dropped from $107,000,000 in FY 2007 to $87,000,000 in FY 2015, with a $9,000,000 cut in 2015 alone. If DCYF's $50,000,000 deficit is added the total spending decrease is $80,000,000 between 2008 and 2015. We need to understand what we are currently spending, for what levels and types of care. The Truven report notes that the state is paying a relatively large amount per person for behavioral health services, but that much of the cost goes for expensive hospital-level care, rather than the lower-level, community-based services that could prevent hospitalization. The question needs to be asked; "Why is hospitalization a default?" Most likely, people are showing up at hospitals in crisis, and the clinicians have no choice at that point. As we move in-plan, it is most important that we track what we are providing in-plan and provide accountability to look at the level and adequacy of services.

Update from BHDDH (Michelle Brophy): Everyone is invited to participate in the Olmsted Act phone conferences, which are providing advice to states on how develop behavioral health services that are at the "least restrictive" level. This is a state-level issue, and can't be addressed by departments in isolation from each other. If anyone is interested, Jim can get them the schedule of meetings and call-in numbers.

Update from EOHHS (Sharon Kernan): Medicaid is currently working on several things that will have a large impact on behavioral health. First, many of the services for both children and

adults will be going "in plan." The advantage to this is that now there one accountable entity – the health plan – to ensure that everyone gets what they need.

Second, some providers will become "accountable entities", a new phenomenon in the world of healthcare reform. The Accountable Entities are geared to achieve improvements and quality and accountability and to ensure that there everyone gets everything they need. Rhode Island will be providing provisional certifications to four "Accountable Entity" pilots that will start January 1st. One of the key thing they will be looking at is integration of behavioral health and physical healthcare. The health-plans will be required to contract with the pilots. The pilots are for all ages.

Old/New Business (Rich Leclerc): There are three Senators interested in joining the Governor's Council but the Lieutenant Governor has to approve our nominations.

A Motion was made, seconded, and passed that the Council send a letter to the Governor requesting that she implement the recommendations presented on prevention.

A Motion was made, seconded and passed that the Council send a letter to DCYF Acting Director McDonald asking her to expedite the hiring of a Youth Coordinator for the Healthy Transitions grant program.

The meeting was adjourned by vote of the members.

Next Meeting: Tuesday, January 12, 2016, 1:00 P.M.

Barry Hall

Conference Room 126

14 Harrington Road, Cranston, RI 02920

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.